STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	12/06/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PLACE AT FALL CREEK LLC	5011 KESSLER BLVD E INDIANAPOLIS, IN 46220

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R0000	This visit was for a State Residential Licensure Survey. Date of Survey: December 4, 5, 6, 2012 Facility number: 010064 Provider number: 010064 AIM number: N/A Survey Team: Courtney Mujic RN-TC Karina Gates, Medical Surveyor Beth Walsh RN Census bed type: Residential: 49 Total: 49 Census payor type: Other: 49 Total: 49 Sample: 7 These state findings are cited in accordance with 410 IAC 16.2. Quality review 12/13/12 by Suzanne Williams, RN	R0000	The following is the plan of correction for Brookdale Place at Fall Creek in regards to the statement of deficiencies for the annual survey completed on 12/6/12. This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the staement of deficiencies or any related sanctions or fine. Rather it is submitted as a confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or findings, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvments to satisfy that objective.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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R0149	410 IAC 16.2-5-1.5(f) Sanitation and Safety Standards - Deficiency (f) The facility shall have a pest control program in operation in compliance with 410 IAC 7-24. Based on observation, record review, and interview, the facility failed to provide an effective pest control system in order to prevent mice infestation. This had the potential to affect all 49 residents who reside in the building. Findings included: Interview on 12/6/2012 at 11:15 am with the Maintenance Director indicated the last time he reviewed the log book containing pest control reports was in October, but he doesn't always know when the pest control company is in the building; they come and go without him knowing. Observation and interview on 12/6/2012 at 11:30 am, with the Maintenance Director, indicated the door leading to the outside, located at the end of the service hallway, across from the 1st floor servery, had a hole approximately the size of a golf ball and located at the bottom right corner. The Maintenance Director indicated this was the first time he had seen the hole, and he normally checks the doors, but he didn't notice	R0149	R149 Pest control Immediate Corrective Action The Maintenance Tech repaired the noted area in the door prior to the surveyors concluding their survey. Identifying residents with potential to be affected As stated in the surveyors' notes, all residents were identified to have been affected by this issue. The above corrective action would apply to all residents. Systemic Changes/Corrective Actions The dietary and housekeeping staff shall receive in-service training on 12/28/12 regarding utilizing the provided rolling trash bins to remove trash and thus eliminate the residue noted on the floor and walkway. Maintenance Tech will conduct monthly inspections to outside doors to assure they are completely sealed. Monitoring The maintenance tech will be in contact with the contracted pest control company during their monthly visits to assure this	12/28/2012

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	this problem until now. The Maintenance Director indicated employees typically let him know about this kind of problem and put in a work order for him. In front of the outside door with the hole was large semi-circular brown colored streaking on the floor. The streaking was wet appearing and slippery when stepped on. It appeared to be old food and debris. The Maintenance Director indicated the employees drag the trash in bags on the floor through the hallway and out to the dumpster located outside. Upon opening the door to the outside, there was a visible line of trash, unidentifiable old food, and debris in a trail on the sidewalk, extending approximately 20 feet away from the building. In the hallway corner behind the door leading to the service hallway was a black box covered with dust which appeared to be a mouse trap. The Maintenance Director indicated, "that shouldn't even be there; that's not one of [name of pest control company's] mouse traps." He did not know who had placed the box in that corner. A receipt dated 10/11/2012 at 1:36 pm from the pest control company indicated, "This confidential report is provided to identify sanitation		action has eliminated any further entrance of mice. The Maintenance Tech will review the monthly pest control reports with the administrator and the QA committee who will determine if any further action or monitoring is needed after 6 months of successful compliance. Date of Completion 12/28/12	

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	deficiencies, structural defects, and improper storage practices contributing to pest infestations. Pest activity found during service: Kitchen area. Mice noted during service first floor kitchenette. Structural concerns that could cause pest problems: Hallways. Exit door doesn't close/seal properly- 1/4 inch gap or greater exists. Install /replace door sweep." A receipt dated 11/12/2012 at 2:43 pm from the pest control company indicated, "Pest activity found during service: Kitchen area. Mice noted during service caught three mice in snaptraps and tincat. Additional equipment placed...Structural concerns that could cause pest problems: Receiving/dock area. Exit door doesn't close/seal properly. Install/replace door sweep. Install weather stripping. Exclusion measures here will reduce the number of pests entering the area." An Interview with the Dietary Manager on 12/5/2012 at 11:20 am indicated there was a "mouse on the first floor in the servery about three or four weeks ago."			

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R0154	410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards - Deficiency (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24. Based on observation, interview, and record review, the facility failed keep kitchen floors clean and in good repair. This had the potential to affect all 49 residents who reside at the facility. Findings included: An observation of the kitchen was made on 12/5/12 at 11:20 p.m. The floor underneath the dishwasher was observed with corroded white crusty tiles. The freezer floors were observed with rubbish and debris frozen to the corners and along the back wall. The floors in the dry storage area were observed with old food and debris underneath the racks holding canned and packaged foods. Also observed underneath the racks were a can of soda, 3 packs of crackers, a plastic spoon, and a pack of sugar. During an interview with the Dining Services Coordinator during this observation, he indicated the debris on the floor looked like onion peels, rice, dry beans, a can of soda, and crackers.	R0154	R154Sanitation and Safety Standards Immediate Corrective ActionThe kitchen floor was immediately swept and mopped by the Dietary Services Coordinator and all areas of noted debris were removed. A deep cleaning of the kitchen area floors is scheduled to be completed by 1/4/13. Identifying residents with potential to be affected As stated in the surveyor's notes, all residents were identified to have been affected by this issue and the above corrective action would apply to all residents Systemic Changes/Corrective ActionsThe dietary staff will receive in-service training on 12/28/12 regarding the implementation of a current cleaning schedule. Each assignment will be signed and dated as completed by the responsible staff member. A bi-annual schedule for deep cleaning the kitchen floor and twice daily sweeping and mopping off the kitchen floors is. included. MonitoringThe Dietary Services Coordinator will oversee the daily cleaning schedule on each shift and present completed reports to the administrator for weekly review. The Dietary	01/04/2013

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	On 12/5/12 at 2:10 p.m. another interview was conducted with the Dining Services Coordinator regarding his system for and expectation of cleaning the kitchen. He indicated he verbalized to staff that the kitchen needed to be "spotless." He indicated he did not have a cleaning schedule, but chose what needed to be done on a daily basis. He indicated the condition of the floors in the dry storage area was his fault. On 12/5/12 at 2:15 p.m., the Dining Services Coordinator provided the most recent copy of the Sanitation & Project Management Schedule for the kitchen. The schedule was dated May 6th through May 12th. No year was indicated on the schedule.		Service Coordinator and the Administrator will conduct weekly walk-through inspections to assure compliance. After three months of successful compliance, the reviews and inspections will be reduced to monthly with review monthly by the Quality Assurance Committee. After 6 months of successful compliance, the Quality Assurance Committee will determine if further monitoring or action is required. Date of completion 1/4/12	

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R0187	410 IAC 16.2-5-1.6(k) Physical Plant Standards - Deficiency (k) Hot water temperature for all bathing and hand washing facilities shall be controlled by an automatic control valve. Water temperature at point of use must be maintained between one hundred (100) degrees Fahrenheit and one hundred twenty (120) degrees Fahrenheit. Based on observation, record review, and interview, the facility failed to maintain water temperatures in a safe range of 100 to 120 degrees Fahrenheit. This had the potential to affect 21 residents identified as having dementia and the ability to turn on the water by themselves, out of a total of 49 residents who reside in the building. Findings included: In an environmental tour conducted with the Administrator on 12/5/2012 at 2:55 pm, the following water temperatures were observed after measurement from the resident's sinks in the following rooms; Room 110 measured 122.4 degrees Fahrenheit Room 115 measured 122.4 degrees Fahrenheit Room 206 measured 120.6 degrees Fahrenheit Room 306 measured 126.5 degrees Fahrenheit	R0187	187 Physical plant standards Corrective Action The Maintenance Tech immediately adjusted the mixing valve to reduce the temperature of the water. Identify residents with the potential to be affected As all residents had the potential to be affected by this issue, the Administrator immediately notified all charge personnel via a written notice of the temperature variance and outlined precautionary measures needed to protect all residents from coming in contact with water that measured higher than the regulated temperature range. Systemic Changes/Corrective Action A professional was immediately called and scheduled to arrive the next morning to determine the reason for the fluctuation in water temperatures. He arrived the next day and determined that the problem was the need for a new mixing valve cartridge. Brookdale Place at Fall Creek does have an	12/07/2012

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	An interview with the Administrator on 12/5/2012 at 3:15 pm indicated, "regardless of what the temperature actually is, it's well above 120 degrees, so we need to fix this." A document provided by the Administrator on 12/5/2012 at 4:00 pm indicated, "December 5, 2012. All charge nurses. Beginning at 5:00 pm today, I will need someone to check water temps in these rooms every two hours through the night and into the morning of the 6th. Record the results on the sheets attached. At end of shift on Thursday, please present the results to [name of employee]. Please make all your staff aware that our water temps are running high and everyone should be very aware of the temperature of the water being used by the residents at all times. Please make sure we are checking shower water, etc especially for those dependant residents." The following rooms and times checked were above the limit of 120 degrees and therefore considered unsafe; room 221 at 7 pm and 9 pm the temperature was 126 degrees, and at 1 am was 124.9 degrees. Room 306 at 7 pm was 124 degrees, and at 9 pm was 125 degrees. Room 317 at 7 pm was 123 degrees and at 9 pm was 124		maintenance contract with the plumbing company involved for monitoring and cleaning mixing valves and cartridges. The plumber stated this incident was exceptional as the issue appeared to have been caused by a recent plumbing repair. Temperatures had been monitored through the night showing a drop in water temperatures to within the regulated area. Temperature checks throughout the community indicated water in all the areas was within acceptable range. This repair was completed prior to the completion of the survey. The Maintenance Tech began daily checks of all floors of the community to assure the water temperatures remained in acceptable range. Monitoring The Maintenance Tech will review these temperatures with the administrator on a weekly basis with immediate notification if the temperatures fluctuate out of acceptable range. After three months of successful compliance, the checks will return to the normal weekly checks with monthly reports to the Quality Assurance Committee. Once 6 months of successful compliance, the Quality Assurance Committee will determine if there is any further monitoring or action needed.	

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	degrees. An interview with the plumbing company technician on 12/6/2012 at 12:35 pm indicated he replaced the cartridge located in the mixing valve. The old cartridge had become clogged with sediment which is what caused the water to not be properly mixed and was the reason the temperatures coming out of the faucet were sporadic and higher than the set 120 degrees. The temperature set on the mixing valve is now at 109 degrees. A work order from the plumbing company, dated 12/6/2012 with an arrival time of 9:50 am, indicated, "Original service request: Temp above 120 degrees mixing valve. Diag./Recom.: Valve. max out. Installed new [name of company] mixing valve cartridge."		Date of Compliance 12/7/12	

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R0273	410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview and record review, the facility failed to ensure a garbage can in the kitchen used for food waste was covered when not in use. This had the potential to affect all 49 residents who reside at the facility. Findings included: 1. An observation of the kitchen was made on 12/5/12 at 11:20 p.m. Cook #1 was observed prepping food for the lunch service on a counter. Next to him, was an uncovered garbage can with discarded food inside and not in use. A foul odor was observed when walking by the uncovered garbage can. At 11:50 a.m., the garbage can remained uncovered and not in use. Another observation was made on 12/5/12 at 2:10 p.m. The above mentioned garbage can remained uncovered and not in use. During an interview with the Dining	R0273	273 Food and nutritional services. Immediate corrective action The garbage cans were immediately washed and the lids placed on as required. Identifying residents with potential to be affected All residents had the potential to be affected and the above action would apply to all residents. Systemic Changes/Corrective Action The dietary staff will receive in-service training on 12/28/12 to assure they comply with the procedure of keeping the lid on the garbage cans at all times when not in use, placing trimmings and peelings in a container as they are preparing food and discard the peelings into a covered container away from the food preparation area. Further in-service training for the dietary staff on 12/28/12 will include the current cleaning schedule that includes proper care of the garbage containers. Each assignment will be signed and dated as completed by the responsible party.	12/28/2012

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	Services Coordinator on 12/5/12 at 2:10 p.m., he indicated he verbalized to staff his expectation of keeping the garbage can lids covered and that he too, noticed the smell from the garbage cans. He indicated it had been a couple of months since the garbage cans were washed and they may need replaced. On 12/5/12 at 2:15 p.m., the Dining Services Coordinator provided the most recent copy of the Sanitation & Project Management Schedule for the kitchen. The schedule indicated, "Tuesday...Duty to be completed...Trash Cans." The blank next to trash cans was not initialed as being done. The schedule was dated May 6th through May 12th. No year was indicated on the schedule.		Monitoring The Dietary Services Coordinator will oversee the daily cleaning schedule on each shift and present completed reports to the administrator for weekly review. The Dietary Service Coordinator and the Administrator will conduct weekly walk-through inspections to assure compliance. After three months of successful compliance, the reviews and inspections will be reduced to monthly with review monthly by the Quality Assurance Committee. After 6 months of successful compliance, the Quality Assurance Committee will determine if further monitoring or action is required. Date of Compliance 12/28/12	